

## NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 9, 2002

RE: MDR Tracking #: M2-03-0339-01  
IRO Certificate #: 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer. The Chiropractic physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

The claimant is a Hispanic male who was injured on \_\_\_ while working at \_\_\_ as a laborer. It is reported that he was breaking concrete with a 90 pound hammer when a piece of concrete fell, causing an injury to his lower back. He eventually had lumbar surgery on 11/19/01 and after surgery had physical therapy for 1½ months. Efforts at a work hardening program failed due to complaints of increased pain. No further invasive treatments are being considered. After all levels of primary and secondary treatment were attempted and exhausted, the claimant was referred to \_\_\_ for a 30 session chronic pain management program for approximately 4 weeks. When the final 2 weeks of the program were requested, they were denied on 8/1/02. An appeal of this decision was also denied on 8/5/02.

### Requested Service(s)

The remaining 2 weeks (10 sessions) of a chronic pain management program.

### Decision

I disagree with the insurance carrier and find that the final 2 weeks of the chronic pain management program is medically reasonable and necessary.

### Rationale/Basis for Decision

The documentation suggests that the patient participated in the chronic pain management program. He was reported to have attended the program within the guidelines of the program. He exhibited specific progress. Where objective measures of progress were available, he is documented as improving. Where subjective measures of progress were used, the treating staff reports that he is meeting goals as well. The treatment appears to have been effective and the claimant appears to have progressed as a result of the treatment. It would, therefore, be appropriate, since this is a time limited program, that the final 2 weeks of the program be allowed. Thirty days of treatment for a chronic pain management program falls within the typical range for a multi-disciplinary behavioral program.

This decision by the IRO is deemed to be a TWCC decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,